

Combined Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

This declaration is of the following type:

☒ original ☐ supplemental

☒ national stage of PCT

☐ divisional ☐ continuation ☐ continuation-in-part

My residence, post office address and citizenship are as stated next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

GREASE COMPOSITION

the specification of which

☒ is attached hereto.

☐ was filed on _____
as United States Application Serial Number _____ and,
was amended on _____ (if applicable).

☒ was filed on July 24, 2003
as PCT International Application Number PCT/JP03/09409 and,
was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority under Title 35, United States Code, Section 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATIONS, BENEFIT CLAIMED UNDER 35 USC §119(a)

Application Number	Country	Date of Filing (Day/Month/Year)	Priority Claimed Under 35 USC 119
P2002-215726	Japan	24 / July / 2002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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